



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Skilled Healthcare Group Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  |                         | 68753.66                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 46486.76                |                                   |
| (c) Total Receipts (from Line 19) .....  | 5258.30                 | 35091.40                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 51745.06                | 103845.06                         |
| 7. Total Disbursements (from Line 31).....   | 0.00                    | 52100.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 51745.06                | 51745.06                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Skilled Healthcare Group Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 5090.00                       | 23973.00                          |
| (ii) Unitemized .....   | 168.30                        | 6118.40                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 5258.30                       | 30091.40                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 5258.30                       | 30091.40                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 5000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 5258.30                       | 35091.40                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 5258.30                       | 35091.40                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 38100.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 14000.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 0.00                          | 52100.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00                          | 52100.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 5258.30                       | 30091.40                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 5258.30                       | 30091.40                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 20  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Della Alexander</b>  |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 28 / 2014<br><b>Transaction ID : A2014-2712608</b> |
| Mailing Address 27442 Portola Pkwy #200   |   | Amount of Each Receipt this Period<br>25.00   |
| City<br>Foothill Ranch  | State<br>CA                                 | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Skilled Healthcare Group Inc.   | Occupation<br>Regional Financial Consultant |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00          |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Della Alexander</b>  |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2014<br><b>Transaction ID : A2014-2738633</b> |
| Mailing Address 27442 Portola Pkwy #200   |   | Amount of Each Receipt this Period<br>25.00   |
| City<br>Foothill Ranch  | State<br>CA                                 | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Skilled Healthcare Group Inc.   | Occupation<br>Regional Financial Consultant |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>625.00          |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Della Alexander</b>  |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 26 / 2014<br><b>Transaction ID : A2014-2906807</b> |
| Mailing Address 27442 Portola Pkwy #200   |   | Amount of Each Receipt this Period<br>25.00   |
| City<br>Foothill Ranch  | State<br>CA                                 | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Skilled Healthcare Group Inc.   | Occupation<br>Regional Financial Consultant |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>650.00          |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 8 OF 20  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Huong Dang</b>      |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 28 / 2014<br><b>Transaction ID : A2014-2712582</b> |
| Mailing Address 2909 West Willits                                    |   | Amount of Each Receipt this Period<br>30.00   |
| City Santa Ana State CA Zip Code 92704                               | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>720.00  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Huong Dang</b>      |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2014<br><b>Transaction ID : A2014-2738607</b> |
| Mailing Address 2909 West Willits                                    |   | Amount of Each Receipt this Period<br>30.00   |
| City Santa Ana State CA Zip Code 92704                               | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.00  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Huong Dang</b>      |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 26 / 2014<br><b>Transaction ID : A2014-2906781</b> |
| Mailing Address 2909 West Willits                                    |   | Amount of Each Receipt this Period<br>30.00   |
| City Santa Ana State CA Zip Code 92704                               | FEC ID number of contributing federal political committee. C  |   |
| Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>780.00  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 9 OF 20                |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 |
|   |                              |                                   | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Green Jr</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014<br><b>Transaction ID : A2014-2712607</b> |
| Mailing Address 27442 Portola Pkwy #200   |  | Amount of Each Receipt this Period<br>10.00   |
| City<br>Foothill Ranch  | State<br>CA                                  | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer<br>Skilled Healthcare Group Inc.   | Occupation<br>Director of Application Engine |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert Green Jr</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014<br><b>Transaction ID : A2014-2738632</b> |
| Mailing Address 27442 Portola Pkwy #200   |  | Amount of Each Receipt this Period<br>10.00   |
| City<br>Foothill Ranch  | State<br>CA                                  | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer<br>Skilled Healthcare Group Inc.   | Occupation<br>Director of Application Engine |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Robert Green Jr</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 26 / 2014<br><b>Transaction ID : A2014-2906806</b> |
| Mailing Address 27442 Portola Pkwy #200   |  | Amount of Each Receipt this Period<br>10.00   |
| City<br>Foothill Ranch  | State<br>CA                                  | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer<br>Skilled Healthcare Group Inc.   | Occupation<br>Director of Application Engine |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00           |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 30.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Wendy Jeans**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC Clinical Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : A2014-2738585**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Wendy Jeans**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC Clinical Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : A2014-2906760**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Michele J Kaufman**  
 Mailing Address 24325 Armada Drive  
 City State Zip Code  
 Dana Point CA 92629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC Director Executive Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2712581**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michele J Kaufman**

Mailing Address 24325 Armada Drive

City Dana Point State CA Zip Code 92629

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Director Executive Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2738606**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Michele J Kaufman**

Mailing Address 24325 Armada Drive

City Dana Point State CA Zip Code 92629

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Director Executive Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2906780**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. Zachary Larson**

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2712585**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Zachary Larson</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014<br><b>Transaction ID : A2014-2738610</b> |
| Mailing Address 27442 Portola Parkway   |                                    | Amount of Each Receipt this Period<br>25.00   |
| City<br>Foothill Ranch  | State<br>CA                        | Zip Code<br>96210   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>Skilled Healthcare LLC  | Occupation<br>Associate Counsel    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>625.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Zachary Larson</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 26 / 2014<br><b>Transaction ID : A2014-2906784</b> |
| Mailing Address 27442 Portola Parkway   |                                    | Amount of Each Receipt this Period<br>25.00   |
| City<br>Foothill Ranch  | State<br>CA                        | Zip Code<br>96210   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>Skilled Healthcare LLC  | Occupation<br>Associate Counsel    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>650.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Carol D Motal</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014<br><b>Transaction ID : A2014-2712598</b> |
| Mailing Address 27442 Portola Pkwy #200   |                                    | Amount of Each Receipt this Period<br>10.00   |
| City<br>Foothill Ranch  | State<br>CA                        | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>Skilled Healthcare LLC  | Occupation<br>VP HR LTC Operations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 20                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Carol D Motal**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| Foothill Ranch | CA    | 92610    |

FEC ID number of contributing federal political committee. **C**

|                        |                      |
|------------------------|----------------------|
| Name of Employer       | Occupation           |
| Skilled Healthcare LLC | VP HR LTC Operations |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 12    | / | 2014        |

**Transaction ID : A2014-2738623**

Amount of Each Receipt this Period  
10.00

**B. Carol D Motal**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| Foothill Ranch | CA    | 92610    |

FEC ID number of contributing federal political committee. **C**

|                        |                      |
|------------------------|----------------------|
| Name of Employer       | Occupation           |
| Skilled Healthcare LLC | VP HR LTC Operations |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2014        |

**Transaction ID : A2014-2906797**

Amount of Each Receipt this Period  
10.00

**C. Bernard Puckett**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 Copper Creek

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Irvine | CA    | 92603    |

FEC ID number of contributing federal political committee. **C**

|                        |            |
|------------------------|------------|
| Name of Employer       | Occupation |
| Skilled Healthcare LLC | Director   |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 25    | / | 2014        |

**Transaction ID : A2014-2713307**

Amount of Each Receipt this Period  
1250.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1270.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 20                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Roland Rapp</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 28 / 2014<br><b>Transaction ID : A2014-2712579</b> |
| Mailing Address 27442 Portola Pkwy #200   |                                     | Amount of Each Receipt this Period<br>192.00  |
| City<br>Foothill Ranch  | State<br>CA                         | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |
| Name of Employer<br>Skilled Healthcare LLC  | Occupation<br>General Counsel/CAO   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4608.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Roland Rapp</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 / 12 / 2014<br><b>Transaction ID : A2014-2738604</b> |
| Mailing Address 27442 Portola Pkwy #200   |                                     | Amount of Each Receipt this Period<br>192.00  |
| City<br>Foothill Ranch  | State<br>CA                         | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |
| Name of Employer<br>Skilled Healthcare LLC  | Occupation<br>General Counsel/CAO   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4800.00 |   |

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Trina Rivera</b>   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 28 / 2014<br><b>Transaction ID : A2014-2712610</b> |
| Mailing Address 27442 Portola Pkwy #200   |                                       | Amount of Each Receipt this Period<br>10.00   |
| City<br>Foothill Ranch  | State<br>CA                           | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |
| Name of Employer<br>Skilled Healthcare Group Inc.   | Occupation<br>Assistant Administrator |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00    |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 394.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 20                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Trina Rivera</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014<br><b>Transaction ID : A2014-2738635</b> |
| Mailing Address 27442 Portola Pkwy #200   |   | Amount of Each Receipt this Period<br>10.00   |
| City<br>Foothill Ranch  | State<br>CA                                       | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Skilled Healthcare Group Inc. | Occupation<br>Assistant Administrator   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Trina Rivera</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 26 / 2014<br><b>Transaction ID : A2014-2906809</b> |
| Mailing Address 27442 Portola Pkwy #200   |   | Amount of Each Receipt this Period<br>10.00   |
| City<br>Foothill Ranch  | State<br>CA                                       | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Skilled Healthcare Group Inc. | Occupation<br>Assistant Administrator   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00                |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Linda Rosenstock</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 25 / 2014<br><b>Transaction ID : A2014-2713308</b> |
| Mailing Address 27442 Portola Parkway   |                                     | Amount of Each Receipt this Period<br>1000.00   |
| City<br>Foothill Ranch  | State<br>CA                         | Zip Code<br>92610   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>UCLA            | Occupation<br>Dean  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3000.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1020.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 16 OF 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Glenn S Schafer**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Fresco

City Irving State CA Zip Code 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2014**

**Transaction ID : A2014-2713309**

Amount of Each Receipt this Period  
**1250.00**

**B. Deana Schoenbein**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : A2014-2712609**

Amount of Each Receipt this Period  
**10.00**

**C. Deana Schoenbein**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2014**

**Transaction ID : A2014-2738634**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1270.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 17 OF 20   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Deana Schoenbein**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Foothill Ranch | State<br>CA | Zip Code<br>92610 |
|------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                  |
|---|----------------------------------|
| Name of Employer<br>Skilled Healthcare Group Inc. | Occupation<br>Executive Director |
|---|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2014        |

**Transaction ID : A2014-2906808**

Amount of Each Receipt this Period  

|       |       |       |
|-------|-------|-------|
| 60.00 | 10.00 | 60.00 |
|-------|-------|-------|

**B. Kelly Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Foothill Ranch | State<br>CA | Zip Code<br>92610 |
|------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|  |                              |
|--|------------------------------|
| Name of Employer<br>Skilled Healthcare LLC | Occupation<br>Area President |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2014        |

**Transaction ID : A2014-2712583**

Amount of Each Receipt this Period  

|       |       |       |
|-------|-------|-------|
| 60.00 | 25.00 | 60.00 |
|-------|-------|-------|

**C. Kelly Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Foothill Ranch | State<br>CA | Zip Code<br>92610 |
|------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|  |                              |
|--|------------------------------|
| Name of Employer<br>Skilled Healthcare LLC | Occupation<br>Area President |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 12    | / | 2014        |

**Transaction ID : A2014-2738608**

Amount of Each Receipt this Period  

|       |       |       |
|-------|-------|-------|
| 60.00 | 25.00 | 60.00 |
|-------|-------|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>60.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Kelly Smith**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC Area President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2906782**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : A2014-2712604**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**C. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : A2014-2738629**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 19 OF 20                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| Foothill Ranch | CA    | 92610    |

FEC ID number of contributing federal political committee. **C**

|                        |            |
|------------------------|------------|
| Name of Employer       | Occupation |
| Skilled Healthcare LLC | VPO        |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 26    | / | 2014        |

**Transaction ID : A2014-2906803**

Amount of Each Receipt this Period  

|        |        |
|--------|--------|
| 419.00 | 491.00 |
|--------|--------|

**35.00**

Full Name (Last, First, Middle Initial)  
**B. Laurie Thomas**

Mailing Address 3106 Montana del Sol

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| San Clemente | CA    | 92673    |

FEC ID number of contributing federal political committee. **C**

|                               |            |
|-------------------------------|------------|
| Name of Employer              | Occupation |
| Skilled Healthcare Group Inc. | COO        |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4608.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2014        |

**Transaction ID : A2014-2712611**

Amount of Each Receipt this Period  

|        |
|--------|
| 192.00 |
|--------|

**192.00**

Full Name (Last, First, Middle Initial)  
**C. Laurie Thomas**

Mailing Address 3106 Montana del Sol

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| San Clemente | CA    | 92673    |

FEC ID number of contributing federal political committee. **C**

|                               |            |
|-------------------------------|------------|
| Name of Employer              | Occupation |
| Skilled Healthcare Group Inc. | COO        |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4800.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 12    | / | 2014        |

**Transaction ID : A2014-2738636**

Amount of Each Receipt this Period  

|        |
|--------|
| 192.00 |
|--------|

**192.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>419.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 20                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Laurie Thomas**

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5992.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : A2014-2906810**

Amount of Each Receipt this Period  
 192.00

Full Name (Last, First, Middle Initial)  
**B. Mary Thurber**

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : A2014-2738582**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Mary Thurber**

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : A2014-2906757**

Amount of Each Receipt this Period  
 20.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 232.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 5090.00 |